

2025 Cookie Program

Parent/Guardian Permission Form

P
Parent/
Guardian



My Girl Scout _____, a member of Troop # _____ has my permission to participate in the 2025 Girl Scout Cookie Program. I will see that she has adult guidance at all times and I will respect the December 15, 2024 starting date for in person order taking and online start date. **I understand that all cookies sell for \$6.00 a box including the gluten free cookie this year.** I understand that all items ordered must be picked up and paid for; including any additional cookies obtained after the initial order is picked up. I understand that boxes/cases of cookies cannot be returned. I agree to accept full responsibility for all cookies and collection of money. I will assist her in making full payment to the troop cookie manager by the set deadline. I understand that outstanding accounts will result in legal action and/or be turned over to a collection agent, and I will be responsible for all legal/collection fees incurred.

Regarding online cookie sales - I understand that girls should never post their last names, addresses, phone numbers or email addresses. I understand that girls may only post about their participation in the Digital Cookie program on social media sites that allow them to restrict access to friends and family (e.g. Facebook), and not to social media sites open to anyone (e.g. Craigslist, E-Bay, Yard Sale Sites, Marketplace and neighborhood groups). I understand that girls will only share their personal link to the Digital Cookie site with people they know in real life. A girl's Digital Cookies account may be temporarily or permanently disabled at the discretion of Girl Scouts of the USA or our Council for any reason, including without limitation if there is a security-related issue, an issue relating to any content on a site, an inventory fulfillment issue, or if sales or marketing activity goes viral or otherwise creates unanticipated disruption.

My Girl Scout has my permission to engage in the Digital Cookies (D.O.C.) under the supervision of myself and/or the Girl Scout adult in charge. _____ Yes _____ No

Signature of Parent/Guardian: _____ Date _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Email address: _____ Parent/Guardian SSN _____

Parent/Guardian DOB: _____

Please check any areas in which you are willing to assist our group this cookie season:

- ☐ Cookie volunteer in charge
- ☐ Cookie volunteer assistant
- ☐ Host cookie girl presentation/sale at work
- ☐ Chaperone for cookie booth or neighborhood sales
- ☐ Cookie sale signage with girls
- ☐ Cookie pickup and/or storage
- ☐ Deliveries assistant
- ☐ Other _____

For Troop Leader Use Only

Amount Due: _____

Amount Paid: _____

Balance Due: _____